

EPA KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix: <input type="text" value="Dr."/>	First Name: <input type="text" value="Mike"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text" value="Rowland"/>	Suffix: <input type="text"/>	
Title:	<input type="text" value="Assistant Director for Facility Services"/>		
Complete Address:			
Street1:	<input type="text" value="205 Jesse Hill Jr. Dr. SE"/>		
Street2:	<input type="text"/>		
City:	<input type="text" value="Atlanta"/>	State:	<input type="text" value="GA: Georgia"/>
Zip / Postal Code:	<input type="text" value="30334"/>	Country:	<input type="text" value="USA: UNITED STATES"/>
Phone Number:	<input type="text" value="(404) 617-9409"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text" value="mrowland@doe.k12.ga.us"/>		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: <input type="text"/>	First Name: <input type="text" value="Rusk"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text" value="Roam"/>	Suffix: <input type="text"/>	
Title:	<input type="text" value="Finance and Business Director"/>		
Complete Address:			
Street1:	<input type="text" value="205 Jesse Hill Jr. Dr. SW"/>		
Street2:	<input type="text"/>		
City:	<input type="text" value="atlanta"/>	State:	<input type="text" value="GA: Georgia"/>
Zip / Postal Code:	<input type="text" value="30334"/>	Country:	<input type="text" value="USA: UNITED STATES"/>
Phone Number:	<input type="text" value="404-656-2492"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text" value="rroam@doe.k12.ga.us"/>		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix: <input type="text"/>	First Name: <input type="text" value="Mike"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text" value="Rowland"/>	Suffix: <input type="text"/>	
Title:	<input type="text"/>		
Complete Address:			
Street1:	<input type="text" value="205 JEsse Hill Jr. Dr. SW"/>		
Street2:	<input type="text"/>		
City:	<input type="text" value="Atlanta"/>	State:	<input type="text" value="GA: Georgia"/>
Zip / Postal Code:	<input type="text" value="30334"/>	Country:	<input type="text" value="USA: UNITED STATES"/>
Phone Number:	<input type="text" value="(404) 617-9409"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text" value="mrowland@doe.k12.ga.us"/>		

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Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: **First Name:** **Middle Name:**
Last Name: **Suffix:**
Title:

Complete Address:

Street1:
Street2:
City: **State:**
Zip / Postal Code: **Country:**
Phone Number: **Fax Number:**
E-mail Address: